

ARIZONA DEPARTMENT OF HEALTH SERVICES

OFFICE OF CHILD CARE LICENSING

PUBLIC SCHOOL BUILDING ADDITION/MODIFICATION REQUEST TO AMEND LICENSE
(For Ages Three Through Fourteen Only)

PLEASE COMPLETE BOTH SIDES

Name of Applicant_____

Name of School District_____

Name of Facility_____ CDC#_____

Street Address_____

City_____ Zip_____ Phone_____

Mailing Address_____

If additional information is required, the person to contact is:

Name_____ Phone_____

Fax_____

This submittal represents a request to change space utilization or capacity to a Public School currently licensed #_____

Description of Change or Modification:_____

Submit drawings to your regional office - See addresses below - or call 1-800-615-8555

- A. Pursuant to R9-5-607.D, a school map may be submitted for site and floor plans with the following indicated:
1. The location of each school building and outdoor activity area;
 2. The location and perimeter dimensions of each indoor activity area used by enrolled children;
 3. The location of each hand washing sink, toilet, urinal, and drinking fountain to be used by enrolled children; and
 4. The location and dimensions of each outdoor activity area to be used by enrolled children.
- B. Pursuant to R9-5-607.E, facilities with modular buildings must submit a copy of the "Installation Permit" from the Arizona Office of Manufactured Housing, in addition to site and floor plans, as applicable. Also, pursuant to R9-5-607.E.2, "one set of final construction drawings that includes the stamp of the Arizona Office of Manufactured Housing" must be included.

OFFICE OF CHILD CARE LICENSING
150 NORTH 18TH AVENUE, SUITE 400
PHOENIX, ARIZONA 85007
PHONE: (602) 364-2539
FAX: (602) 364-4768

OFFICE OF CHILD CARE LICENSING
400 WEST CONGRESS, SUITE 100
TUCSON, ARIZONA 85701
PHONE: (520) 628-6540
FAX: (520) 628-6537

OFFICE OF CHILD CARE LICENSING
1500 EAST CEDAR AVENUE, SUITE 22
FLAGSTAFF, ARIZONA 86004
PHONE: (928) 774-2707
FAX: (928) 774-2830

PUBLIC SCHOOL BUILDING ADDITION/MODIFICATION SUBMITTAL FORM

Indicate playground square footage _____ ÷ 75 = _____ x 2 = _____ the maximum licensed capacity of the facility by playground size.

Will meals/snacks be prepared for children enrolled in the licensed facilities? [] Yes [] No

_____ # of Toilets
 _____ # of Urinals
 _____ # of Toilet handwashing sinks (if Bradley sinks, the number of spigots)
 _____ Total number of Sanitary Units (toilet/urinal and handwashing sink)

Days and Hours of operation: Mon. From: _____ To: _____; From: _____ To: _____; From: _____ To: _____
 Tues. From: _____ To: _____; From: _____ To: _____; From: _____ To: _____
 Wed. From: _____ To: _____; From: _____ To: _____; From: _____ To: _____
 Thurs. From: _____ To: _____; From: _____ To: _____; From: _____ To: _____
 Fri. From: _____ To: _____; From: _____ To: _____; From: _____ To: _____

Please indicate below, each room by name or number with the usable square footage.

Room # or Name	Usable Sq. Ft.	FOR OCCL USE ONLY			Comments/Program Name
		25 Sq Ft	50 Sq Ft	Licensed Capacity	

For OCCL Use Only: Total Capacity _____ Facility # _____ L.S. _____

L.S. APPROVED _____ (INITIAL & DATE)

Data Input _____
 Initials _____